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C Benton
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FS# 37368829

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MAR 25 2005

Underground Storage Tank

Check those activities which apply: ☒ Tightness Testing Checklist
☐ Retrofit/Repair checklist
☐ Cathodic Protection Checklist

WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

ECOLOGY



The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

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EPA W00

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ Site ID Number: _____
(UBI # from Master Business License) (Available from Ecology if tank is registered)

Site/Business Name: Smitty's # 140

Site Address: 520 E Columbia Dr

Street County

Toppenish Washington 98948

City State Zip+4 (required)

Telephone: 509-865-5909

UST Owner/Operator: RH Smith Dist

Mailing Address: PO Box 6

Street P.O. Box

Grandview WA 98930

City State Zip+4 (required)

Telephone: 800 832 4507

2. FIRM PERFORMING WORK

Service Company: Northwest Tank & Environmental Services, Inc.

Service Co. Address: 1720 100th Pl SE, Suite 101 Snohomish

Street County

Everett Washington 98208-3826

City State Zip+4 (required)

Certified Supervisor: Richard Wilson

Address: 1720 100th Pl SE, Suite 101

Street P.O. Box

Everett Washington 98208-3826

City State Zip+4 (required)

IFCI Certification Number: 5120193-U3 Certification issue Date (Month/Year): 3/29/2003

Telephone: (425) 742-9622

*Ecology is an equal opportunity and affirmative action employer
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.*

3372

Underground Storage Tank Tightness Testing Checklist

| | |
|--------------|-------------------|
| Site ID | |
| Site Address | 520 E Columbia Dr |
| City | Toppenish |

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 12/2/2004

1 Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version ☒ Accurite (Line) ☐ 2001 / P(Tank) ☒ 2000 / P(Tank) ☒ 2000 / U

Test method Manufacturer ☒ Services and Training Corp(Line)

☒ USTest - Sound Services (Tank) ☒ VMI LDT 890(leak detector)

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): site opp.

3. Method used for release detection:

- ☐ Weekly manual gauging
- ☒ Daily manual inventory control
- ☐ Automatic tank gauging (ATG)
- ☐ Interstitial monitoring
- ☐ Other (describe) _____

4. Reason for conducting tightness test:

- ☒ Required for release detection requirement
- ☐ Bring temporarily closed tanks back into service
- ☐ Tank or piping repair
- ☐ Other (describe) _____

5. Type of test conducted:

- ☐ Tank tightness test only
- ☐ Line tightness test only
- ☒ Total system test (tank and lines tested together)

6. Test method type:

- ☐ Overfill volumetric
- ☒ Underfill volumetric
- ☒ Nonvolumetric
- ☒ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate

| Yes | No | N/A* |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|-------------------------------------|

* Item not applicable

| | |
|--------------|-------------------|
| Site ID # | |
| Site Address | 520 E Columbia Dr |
| City | Toppenish |

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

| | Tank 1 | Tank 2 | Tank 3 | Tank 4 |
|--|-----------|----------|----------|----------|
| 1. Tank ID# (tank name registered with Ecology) | | | | |
| 2. Date installed | | | | |
| 3. Tank capacity in gallons | 8000 | 0 | 0 | 0 |
| 4. Last substance stored | Regular | Premium | Diesel | 0 |
| 5. Number of tank compartments | 1 | | | |
| 6. Tank type: (S) single wall; (D) double wall; (P) partitioned | s | | | |
| 7. Is overfill device present? (Yes/No) | yes | | | |
| 8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements) | 55 | | | |
| 9. The test method used can detect a leak of how many GPH? | +/- 0.05 | +/- 0.05 | +/- 0.05 | +/- 0.05 |
| 10. The numerical tank test results are? (In gallons per hour) | +0.000964 | | | |
| 11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? | PASS | | | |

IV. Line Information

| | Line 1 | Line 2 | Line 3 | Line 4 |
|--|--------|--------|--------|--------|
| 1. Piping type: (S) single wall; (D) double wall | S | | | |
| 2. Pump type: (T) turbine; (S) suction | T | | | |
| 3. (a) If turbine, is leak detector present (Yes/No) | YES | | | |
| (1) If present, was lead seal intact? (Yes/No N/A) | N/A | | | |
| (2) Line leak detector results? (Pass/Fail) | PASS | | | |
| (b) If suction, check valve located at? (T) tank (P) pump | N/A | | | |
| 4. The numerical line test results are? (gallons per hour) | 0.04 | | | |
| 5. Line tightness test results? (Pass/Fail) | PASS | | | |

* Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

12/2/2004
Date Signature of Certified Supervisor Richard Wilson
Printed Name

Date Signature of Tank Owner/Authorized Representative Printed Name